## PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective January 1, 2003

15436.200

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY |                                          |                                                                |                                       |                               |                              |                                        |                     |                        |    |                     |                        |
|---------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------|---------------------------------------|-------------------------------|------------------------------|----------------------------------------|---------------------|------------------------|----|---------------------|------------------------|
| TOTAL CLAIMS                                                                                |                                          |                                                                | 32                                    |                               |                              |                                        | RATE                | FEE                    |    | RATE                | FEE                    |
| FOR ·                                                                                       |                                          |                                                                | NUMBER FILED                          |                               | NUMBER EXTRA                 |                                        | BASIC FEE           | 375.00                 | OR | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                     |                                          |                                                                | 32 minus 20=                          |                               | . 12                         |                                        | X\$ 9=              |                        | OR | X\$18=              | 2/6                    |
| INDEPENDENT CLAIMS                                                                          |                                          |                                                                | → mi                                  | nus 3 =                       | */                           |                                        | X42=                |                        | OR | X84≃                | 84                     |
| MU                                                                                          | LTIPLE DEPEN                             | DENT CLAIM PF                                                  | RESENT                                |                               |                              |                                        | +140=               |                        | OR | +280=               | 3                      |
| * If                                                                                        | the difference                           | in column 1 is                                                 | less than zero, enter "0" in column 2 |                               |                              | olumn 2                                | TOTAL               |                        | OR | TOTAL               | 1000                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                               |                                          |                                                                |                                       |                               |                              |                                        | <u>Laurent</u>      |                        |    | OTHER<br>SMALL      | THAN                   |
| AMENDMENT A                                                                                 |                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                                       | HIGH<br>NUM<br>PREVIO         | IEST<br>BER<br>DUSLY         | PRESENT<br>EXTRA                       | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                             | Total                                    | *                                                              | Minus                                 | **                            |                              | =                                      | X\$ 9=              |                        | OR | X\$18=              |                        |
|                                                                                             | Independent                              | *                                                              | Minus                                 | ***                           |                              | =                                      | X42=                |                        | OR | X84=                |                        |
|                                                                                             | FIRST PRESE                              | NTATION OF M                                                   | JLTIPLE DE                            | PENDENT                       | CLAIM                        |                                        | +140=               |                        | OR | +280=               |                        |
|                                                                                             |                                          |                                                                |                                       |                               |                              | -                                      | TOTAL               |                        | OB | TOTAL               |                        |
|                                                                                             | (Column 1) (Column 2) (Column 3)         |                                                                |                                       |                               |                              |                                        | ADDIT. FEE          | L                      |    | ADDIT. FEE          |                        |
| AMENDMENT B                                                                                 |                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>IBER<br>OUSLY        | PRESENT<br>EXTRA                       | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                             | Total                                    | *                                                              | Minus                                 | **                            |                              | =                                      | X\$ 9=              |                        | OR | X\$18=              |                        |
|                                                                                             | Independent                              | * NTATION OF MU                                                | Minus                                 | ***                           | T CL AIM                     | =                                      | X42=                |                        | OR | X84=                |                        |
| <u></u>                                                                                     | TRIOFFILE                                | IVIATION OF IVI                                                |                                       | LIVOLIV                       | CEAIN                        |                                        | +140=               |                        | OR | +280=               |                        |
|                                                                                             |                                          |                                                                |                                       |                               |                              |                                        | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT: FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                            |                                          |                                                                |                                       |                               |                              |                                        |                     |                        |    |                     |                        |
| AMENDMENT C                                                                                 |                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                                       | PREVI                         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                       | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                             | Total                                    | *                                                              | Minus                                 | **                            | •                            | =                                      | X\$ 9=              |                        | OR | X\$18=              |                        |
|                                                                                             | Independent                              | *                                                              | Minus                                 | ***                           |                              | =                                      | X42=                |                        |    | X84=                |                        |
|                                                                                             | FIRST PRESE                              | NTATION OF M                                                   | ULTIPLE DE                            | PENDEN                        | T CLAIM                      |                                        |                     |                        | OR |                     |                        |
| .*                                                                                          | If the entry in colu                     | mn 1 is less than t                                            | he entry in col                       | umn 2, writ                   | e "0" in co                  | olumn 3.                               | +140≈<br>TOTAL      |                        | OR | +280=               |                        |
| ##                                                                                          | If the "Highest Nu<br>If the "Highest Nu | mber Previously P<br>Imber Previously P<br>Inber Previously Pa | aid For" IN Th<br>aid For" IN Th      | IIS SPACE                     | is less that<br>is less tha  | an 20, enter "20."<br>an 3, enter "3." | ADDIT, FEE          |                        | OR | ADDIT. FEE          |                        |